



Supplemental Application Data Sheet

Application Information

Application number::	10/709,121
Filing Date::	04/14/04
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1614
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHODS AND DEVICES FOR EPITHELIAL PROTECTION DURING PHOTODYNAMIC THERAPY
Attorney Docket Number::	022727-0107
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Fig. 1A
Total Drawing Sheets::	3
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Richard
Middle Name::	Rox
Family Name::	Anderson
City of Residence::	Massachusetts
Country of Residence::	Lexington

Street of mailing address:: 339 Marrett Road
City of mailing address:: Lexington
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02421

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Bernhard
Family Name:: Ortel
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 10 Emerson Place, 14C
City of mailing address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02114

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Eliot
Middle Name:: F.
Family Name:: Battle
City of Residence:: Washington
State or Province of Residence:: DC
Country of Residence:: US
Street of mailing address:: 5300 43rd Street NW
City of mailing address:: Washington
State or Province of mailing address:: DC
Postal or Zip Code of mailing address:: 20015

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Edwin
Middle Name:: K.
Family Name:: Joe
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 520 West 23rd Street, Apt. G
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10011

Correspondence Information

Correspondence Customer Number:: 021125

Representative Information

Representative Customer Number:: 021125

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/462,937	04/15/03

Assignee Information

Assignee name:: MASSACHUSETTS GENERAL HOSPITAL
Street of mailing address:: Office of Corporate Sponsored Research & Licensing
Partners HealthCare System, Inc.
City of mailing address:: Charlestown

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 02129

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